

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527597

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		4				
5		4				
6		1				
7		4				
8		1				
9		1				
10		1				
11		2				
12						
13						
14		1				
15		1				
16		1				
17						
18	1					
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25	1					
26						
27						
28		1				
29		1				
30		1				
31						
32	1					
33		1				
34		1				
35		1				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	37					
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						